

DIVISION OF DEVELOPMENTAL DISABILITIES  
**REQUEST FOR PROVISIO FUNDING**

<b>PART I: BASIC INFORMATION</b>				
DATE OF REQUEST	NAME OF CLIENT	AGE	DATE OF BIRTH	CLIENT DDD ID NUMBER
DDD region submitting request for proviso spending: <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6				
PERSON FILLING OUT FORM				
DDD region client will be residing in: <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6				
<b>PART II: TYPE OF PROVISIO REQUEST</b>				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> State hospital outplacement  <input type="checkbox"/> Diversion from state hospital outplacement  <input type="checkbox"/> Dangerously Mentally Ill Offender  <input type="checkbox"/> Individual residing in the community with community protection needs.  <input type="checkbox"/> Youth transitioning out of other state services             </div> <div style="width: 50%;"> <input type="checkbox"/> Without residential services and at risk of institutionalization  <input type="checkbox"/> Elderly Parents  <input type="checkbox"/> Waiver client assessed as having immediate need for increased services  <input type="checkbox"/> Residents of Residential Habilitation Centers (RHC) who are able to be adequately cared for in community settings and who choose to live in those settings.             </div> </div>				
<b>PART II-B: WAIVER STATUS</b>				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Currently on waiver  <div style="display: flex; gap: 10px;"> <input type="checkbox"/> Basic    <input type="checkbox"/> Basic Plus    <input type="checkbox"/> Core    <input type="checkbox"/> CPP             </div> <input type="checkbox"/> Not on waiver             </div> <div style="width: 50%;"> <input type="checkbox"/> Has never been on or enrolled in DDD Waiver  <input type="checkbox"/> Is on waiver but needs to be enrolled in a different waiver             </div> </div>				
<b>PART III: CLIENT DESCRIPTION</b>				
Please include age, diagnosis, level or type of MR/DD, history of assault, legal, arson or sexual offenses, other behavioral issues or concerns, previous treatments, and other concerns:				
<b>PART IV: CLIENT'S CURRENT SUPPORTS</b>				
Please describe here the current residential, day program, professional services and why these supports no longer meet the client's need..				
<b>PART V: PREVIOUS RESIDENTIAL HISTORY</b>				
Please include a brief summary of historical "residential settings" including type of setting, and previous supports over the past 5 years.				

**PART VI: ALTERNATIVES TRIED PRIOR TO SUBMITTING A REQUEST FOR PROVISO FUNDS**

Please describe what efforts you have made to try to find an alternative to requesting proviso funding to support this client:

Does the region have any existing resources to meet the person's needs? ☐ Yes ☐ No

RHC admission requested? ☐ Yes ☐ No

**PART VII PROPOSED START DATE OF NEW SERVICES**

DATE	PROVIDER
REGIONAL ADMINISTRATOR SIGNATURE	DATE
FIELD SERVICE ADMINISTRATOR SIGNATURE	DATE

**PART VIII COMMUNITY SUPPORT NEEDS ASSESSMENT**

(Check one only):

☐ Approximate total rate is \$

☐ See attached rate sheet (use only if actual rate is known)

**PART IX REQUIRED SIGNATURES**

REGIONAL ADMINISTRATOR OR DESIGNEE	DATE
ACTUAL DATE MOVED	PROVIDER
	FINAL TOTAL RATE

**SECTION X STATE HOSPITAL OUTPLACEMENT PROVISO REQUESTS ONLY**

Signatures of state hospital and DDD MH Placement team members are required for requesting proviso funds from state hospital discharge proviso.

DDD/MH CASE RESOURCE MANAGER	DATE
DDD FSO PSYCHOLOGIST	DATE
HMH CLINICAL MANAGER	DATE
RSN LIASON	DATE
HMH TREATING PHYSICIAN	DATE

Date submitted to DD/MH Program Manager, MS: 45310:

REGIONAL ADMINISTRATOR OR DESIGNEE	DATE
ACTUAL DATE MOVED	PROVIDER
	FINAL TOTAL RATE

Copy To: DDDHQ Rate Manager DDHQ Waiver Program Manager